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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE, FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 135

FILED NOV 20 1962

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty, Missouri</u>		c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1315 Troost Ave.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sallie</u> Middle <u>Pearl</u> Last <u>Bailey</u>		4. DATE OF DEATH Month <u>November</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-18-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At The Home</u>	9. AGE (last birthday) <u>88</u>
11a. FATHER'S NAME <u>Isaac Davis</u>		11b. MOTHER'S MAIDEN NAME <u>Sallie Weide</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Isaac Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Weide</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Darous Bailey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>F.F. Gipson-521 South Osage- Independence Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured left hip 3 mo ago</u> <u>fractured - coccyx</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>1960</u> to _____ and last saw her alive on <u>Nov 13-62</u> Death occurred at <u>6 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Wm H. Gaudreau</u> (Degree or title)		22b. ADDRESS <u>Liberty Two</u>	22c. DATE SIGNED <u>11/14/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 15, 1962</u>	23c. NAME OF CEMETERY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons-Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-16-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin D. Preston  
Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address North Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

D. W. Newberry's Sons-Kansas City, Mo.